10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Glft or Bequest information received by a department or accepted by the Governor on behalf of the state

| Indexed _ | or office use only |
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| Audited_ | |
| Checked | |
| Computer | |
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| DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEG | OUICET |
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| Iowa Board of Pharmacy | AULOI, |
| Name of Department or Office 400 SW 8Th St., STE E | Des Moines, IA 50309 |
| Mailing Address 515-2x1-5966 | City, State, Zip Code |
| Area Code & Telephone No. | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR O | |
| Andrew Funk | PPICE: |
| Name | |
| Mailing Address (If different from above) | |
| androw, lunk@jowu.gov | City, State, Zip (if different from above) |
| Email Address | Area Code & Telephone Number (if different from above) |
| ONOR OF GIFT OR BEQUEST: | (if different from above) |
| Name 1007 A Ave Vinton, IA 52349 Mailing Address 319-826-4997 Area Code & Telephone Number Email Address (optional) Provide a description of the gift or bequest and purpose thereof: A honorarium check for \$300 for speaking to IANA Program | 05/4/2019 \$300.00 Date of Gift or Bequest Amount/Value* "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". A membership regarding the Prescription Monitoring |
| Criteria to use this form: | Manager Banan Bana |
| Receipt of any gift or bequest that is received by any department of the | e state or received by the Governor on behalf of the state. |
| ement of Affirmation: | |
| ndrew Funk | ove is accurate. I further affirm that the information concerning the donor and e best of my knowledge. |
| | |

State

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|--|-----------------------------|
| Andrew Funk | |
| affirm that the gift or bequest reported above is accurate. I further affirm that the information assessment of the fair market value (Kapplicable) is correct and true to the best of my knowledge. | on concerning the donor and |
| , and modifies | |
| | / |
| | 0/19 |
| Signature | Date |

